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62801

State of Nebraska
Investigator's Motor Vehicle Accident Report

Sheet 1 of 2

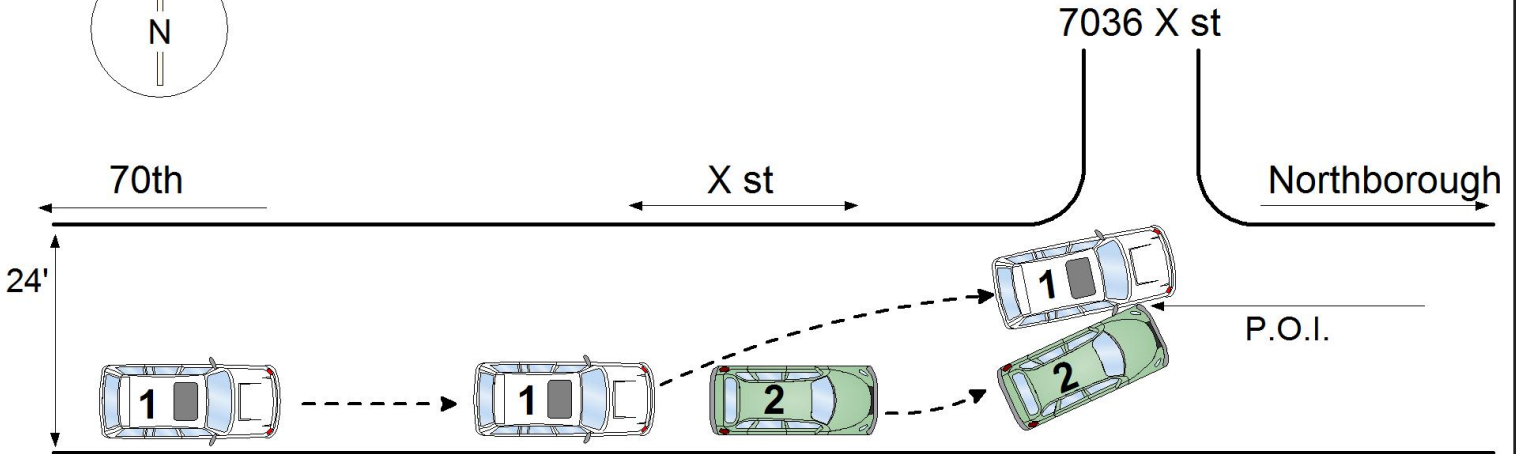
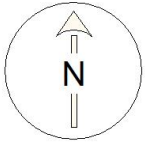
| | | | | | | |
|--|--|---|---|---|--|---|
| 2 | Total Number of Vehicles | Local No./ District 045 | Agency Case No. B5-092750 | HIT & RUN? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO | INVESTIGATION MADE AT SCENE? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO | L 1 |
| A/1 01 | DATE OF ACCIDENT | M M / D D / Y Y Y Y S M T W T H F S 10/05/2015 | | TIME OF ACCIDENT 1533 | STATE USE ONLY | |
| A/2 | PLACE OF ACCIDENT | COUNTY Lancaster | CITY Lincoln | POLICE NOTIFIED 1535 | 10/05/2015 | |
| B 70 | ROAD ON WHICH ACCIDENT OCCURRED | STREET/ HIGHWAY NO. X st | | PRIVATE PROPERTY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | LATITUDE | |
| C 1 | DISTANCE FROM MILEPOST | FEET | N S E W OF MILEPOST | HIGHWAY NO. | LONGITUDE | |
| D 1 | IF AT INTERSECTION | | | IF NOT AT INTERSECTION | | |
| NAME OF INTERSECTING ROADWAY | | | <input checked="" type="checkbox"/> FEET <input type="checkbox"/> MILES | N S E W | OF NEAREST STREET, BRIDGE, RAILROAD CROSSING | |
| | | | 300.00 | X | 70th st | |
| V1/M 20 | IF ACCIDENT WAS OUTSIDE CITY LIMITS, INDICATE DISTANCE FROM NEAREST TOWN | | | | | |
| V2/M 01 | MILES | N S E W | AND MILES | N S E W | OF NEAREST CITY OR TOWN | |
| E 2 | R. WORK ZONE CODES | R1 R2 R3 R4 | S. PEDESTRIAN CLASSIFICATION CODES | S1 S2 S3 S4 S5-a S5-b S6-a S6-b | DOES ACCIDENT INVOLVE DAMAGE TO STATE DEPT. OF ROADS' PROPERTY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | |
| VEHICLE NO. 1 | | | | | | |
| F 1 | DRIVER LICENSE NO. | DRIVER | | | STATE (Of License) | SEX <input type="checkbox"/> FEMALE <input type="checkbox"/> MALE |
| V1/N 1 | Unknown | PHONE | | | LOCAL NO. | |
| V2/N 1 | Unknown, | CITY, STATE, ZIP | | | DATE OF BIRTH (MM / DD / YYYY) | |
| G 2 | OWNER | Unknown | | | PHONE | LOCAL NO. |
| OWNER ADDRESS | | CITY, STATE, ZIP | | | CITATION <input type="checkbox"/> PENDING <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO | CITATION NO. |
| H 5 | LICENSE PLATE NO. | YEAR | | | MAKE | MODEL |
| V1/O 1 | VEHICLE | YEAR | MAKE | MODEL | BODY STYLE | COLOR |
| V2/O 1 | VEHICLE ID NO. (V/N) | TOWED TO | | | TOWED BY | POLICY NO. |
| VEHICLE NO. 2 | | | | | | |
| I 1 | DRIVER LICENSE NO. | G02164247 | | | STATE (Of License) | NE |
| V1/P 8 | DRIVER | PAULA J SVOBODA | | | PHONE | LOCAL NO. |
| V2/P 1 | DRIVER ADDRESS | CITY, STATE, ZIP | | | DATE OF BIRTH (MM / DD / YYYY) | |
| J 01 | OWNER | PAULA J SVOBODA | | | PHONE | LOCAL NO. |
| OWNER ADDRESS | | CITY, STATE, ZIP | | | CITATION <input type="checkbox"/> PENDING <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO | CITATION NO. |
| V1/Q 4 | LICENSE PLATE | PA NO. | SES470 | YEAR | 2016 | STATE (Of Plate) |
| V2/Q 4 | VEHICLE | YEAR | 2008 | MAKE | Ford | MODEL |
| K 01 | VEHICLE ID NO. (V/N) | 1FMCU03178KA76929 | | | INSURANCE COMPANY | Nationwide Agribusiness Ins. Co |
| TOWED TO | | TOWED BY | | | POLICY NO. | PPGM0004530285 |
| Complete this section for all injured persons (Complete a continuation report, if more than three were injured) | | | | | | |
| VEH. # | NAME | ADDRESS | | | DATE OF BIRTH (MM / DD / YYYY) | 1 2 3 4 5 SEX Seat Position Eject Body Region Injury Sev. Trans. M F |
| LOCAL NO. | | MEDICAL FACILITY NAME | | EMS SERVICE NAME | EMS RUN REPORT NO. | |
| VEH. # | NAME | ADDRESS | | | | |
| LOCAL NO. | | MEDICAL FACILITY NAME | | EMS SERVICE NAME | EMS RUN REPORT NO. | |
| VEH. # | NAME | ADDRESS | | | | |
| LOCAL NO. | | MEDICAL FACILITY NAME | | EMS SERVICE NAME | EMS RUN REPORT NO. | |

THE FOLLOWING INFORMATION IS REQUIRED FOR ALL ACCIDENTS

INDICATE BY DIAGRAM WHAT HAPPENED

AGENCY CASE NO.
B5-092750

Indicate
North
by Arrow



Not To Scale

Measurements from G.E.

Approximate P.O.I.
300' 0" E of E curb of 70th
10' 0" S of N curb of X st

DESCRIPTION OF ACCIDENT BASED ON OFFICER'S INVESTIGATION

V2 was EB on X st from 70th signaling her intention to turn into the driveway of 7036 X st. V1 had been EB on X st directly behind V2. As V2 began to turn, V1 swerved around V2, scraping its passenger side on the front driver side corner of V2. V1 continued EB on X st and SB on Northborough. V2 passengers believed D1 pulled over on Northborough, examined his veh and then left the scene. No contact was made. V1 was described as a WHT SUV larger than a Ford Escape. D1 was described as a white, male possibly in his 30s.

| | | | | | |
|------------------|----------------|------------|---------|-------|------------------------------|
| PROPERTY | OBJECT DAMAGED | OWNER NAME | ADDRESS | PHONE | APPROX. COST OF DAMAGE \$ |
| | OBJECT DAMAGED | OWNER NAME | ADDRESS | PHONE | APPROX. COST OF DAMAGE \$ |
| WITNESSES | NAME | | | | PHONE |
| | NAME | | | | PHONE |

| VEHICLE MOVEMENT BEFORE COLLISION | | | | POINT OF IMPACT AND MOST DAMAGED AREA <i>(Enter numbers for each vehicle)</i> | | | | AIRBAG DEPLOYED VEHICLE 1 | | RESTRAINT USE VEHICLE 1 | | TOTAL OCCUPANTS | | | | |
|-----------------------------------|----|--------------------------|---|--|----------------------|----|-------------------|---------------------------|--|-------------------------|---|-----------------|---------------------------------------|--------------|-------------------|-------------------|
| VEH NO. | N | S | W | ROAD OR HIGHWAY NAME | VEHICLE 1 | | VEHICLE 2 | | | | | | VEH 1 | VEH 2 | | |
| 1 | | X | | X st | POINT OF IMPACT | 03 | POINT OF IMPACT | 08 | <div style="display: flex; flex-direction: column;"> <div>1 Deployed - front</div> <div>2 Deployed - side</div> <div>3 Deployed - both front/side</div> <div>4 Not deployed</div> <div>5 Not applicable/ No airbag available</div> <div>6 Unknown</div> </div> | | <div style="display: flex; flex-direction: column;"> <div>1 None used - vehicle occupant</div> <div>2 Lap & shoulder belt used</div> <div>3 Shoulder belt only used</div> <div>4 Lap belt only used</div> <div>5 Child safety seat used</div> <div>6 Child booster seat used</div> <div>7 DOT approved helmet used</div> <div>8 Costume helmet used</div> <div>9 Restraint use unknown</div> </div> | | Driver No. 1 | Driver No. 2 | Pedestrian | |
| 2 | | X | | X st | MOST DAMAGED AREA | 03 | MOST DAMAGED AREA | 08 | | | | | ALCOHOL LEVEL TESTED | Y | N | Y |
| 1 | 01 | 06 Turning left | | | 00 None | | 02 03 04 | | VEHICLE 2 | | VEHICLE 2 | | BAC LEVEL | | | |
| 2 | 06 | 08 Entering traffic lane | | | 09 Top & windows | | 01 05 | | 4 5 | | 2 2 | | ALCOHOL/ DRUGS SUSPECTED | | Driver No. 1 5 | Driver No. 2 1 |
| | | | | 01 Essentially straight ahead | 10 Undercarriage | | 08 07 06 | | | | | | 1 Neither alcohol nor drugs suspected | | | |
| | | | | 02 Backing | 11 Total (all areas) | | | | | | | | 2 Yes - alcohol suspected | | | |
| | | | | 03 Changing lanes | 12 Other | | | | | | | | 3 Yes - drugs suspected | | | |
| | | | | 04 Overtaking/ Passing | | | | | | | | | 4 Yes - alcohol & drugs suspected | | | |
| | | | | 05 Turning right | | | | | | | | | 5 Unknown | | | |
| | | | | 13 Unknown | | | | | | | | | | | | |

| | | | |
|--|--------------------------------|---|--|
| OFFICER NO. 1721 | TROOP/ TEAM/ BEAT SE | DEPARTMENT Lincoln Police Department | Photographs taken? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO |
| INVESTIGATOR NAME (Print or Type) Matthew Jacobsen | | INVESTIGATOR SIGNATURE Approved by Officer Matthew Jacobsen | |
| DATE OF REPORT 10/05/2015 | | | |